

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

31957

State File No.

SEP 16 1952

BIRTH NO.		REG. DIST. NO. <u>146</u>		PRIMARY REG. DIST. NO. <u>3026</u>		Registrar's No. <u>357</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Independence</u> 0425			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Independence Sanatorium - Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>1208 - South Woodland</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Eldridge</u> b. (Middle) <u>Hawkins</u> c. (Last) <u>Hawkins</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Sept - 2 - 1952</u>			
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June - 24 - 1876</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carpenter</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kearney Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Robert Hawkins</u>		13b. MOTHER'S MAIDEN NAME <u>Florence</u>		14. NAME OF HUSBAND OR WIFE <u>Lucas Hawkins</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>49L-4-5859</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lucas Hawkins</u> ADDRESS <u>1208 S - Woodland Ind Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aplastic anemia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 20. OTHER SIGNIFICANT CONDITIONS <u>Profound Anemia</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>Healed tuberculosis Rt. upper lung</u>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>January 15, 1948</u> , to <u>Sept. 2, 1952</u> , that I last saw the deceased alive on <u>Sept. 2, 1952</u> , and that death occurred at <u>11:30 a. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>W. H. Hickerson, M. D. / x. Schuch, D. S. D.</u>				23b. ADDRESS <u>Post. Bank Bldg. Independence Mo.</u>		23c. DATE SIGNED <u>9/2/52</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Sept - 4 - 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Blue Springs</u>		24d. LOCATION (City, town, or county) (State) <u>Blue Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>9-4-52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>West Funeral Home - Blue Springs Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

Licensed Embalmer No. 28513

P. O. Address Blue Springs

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.